Pandemic versus Pandemic Preparedness

A clarification that arose from a good chat

JESSICA ROSE
1/22/2024

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I spoke with a good friend this morning on the subject matter of the 'Pandemic' and I think we both got some great insights from each other. My greatest insight was this: there needs to be a bold discernation - made and proclaimed - of the difference between the word 'Pandemic', and the agenda of 'Pandemic Preparedness'.

Let's get the obvious stuff out of the way. No one wants to be swept away by a tsunami, taken out by an earthquake, or turned into a bloody-oozing mass from Ebola. That's why we have excellent detection and warning systems in place locally to warn people of oncoming threats. It works, when it can. Planning is important. No one would deny that. Lots of people are even prepping. But planning is best executed at the local level. Sure, global surveillance systems of weather pattern changes are awesome when not abused, but action must be taken locally to dispell threats.

I appreciate that there might be agencies that claim to want to prepare the world, but when it comes to judgments pertaining to restriction of movement and seizure of basic human rights, no one can judge that for me - no one has the right or authority to impose such things on living creatures. The treachery and obviousness of the bastardization of decent ideas into tyranny is well-described here, and it is absolutely clear how the original WHO 'Constitution' is NOT being upheld, and they should be held accountable for their role in the disaster that has been the past four years, and disassembled.

Pandemic - a word

I borrow from my previous article on this subject matter to define this word.

> Pandemic
>
> pan = all, epi = upon, en = in, demos = people
>
> A pandemic refers to an all-people-affecting 'thing.'

Summary: A pandemic is a word meant to imply that all people are affected - not just some, as is the case in an epi (upon) demic.

Wikipedia defines a pandemic like this:

> A **pandemic** (/pænˈdɛmɪk/ *pan-DEM-ik*) is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of individuals.

I would call this a 'radicalized' version of the definition to include an 'infectious disease' part, but etymologically, this word does not depend on the existence of a pathogen. I think a more appropriate word to describe what I suppose is the average-Joe's understanding of its meaning would be **panpathodemic**.

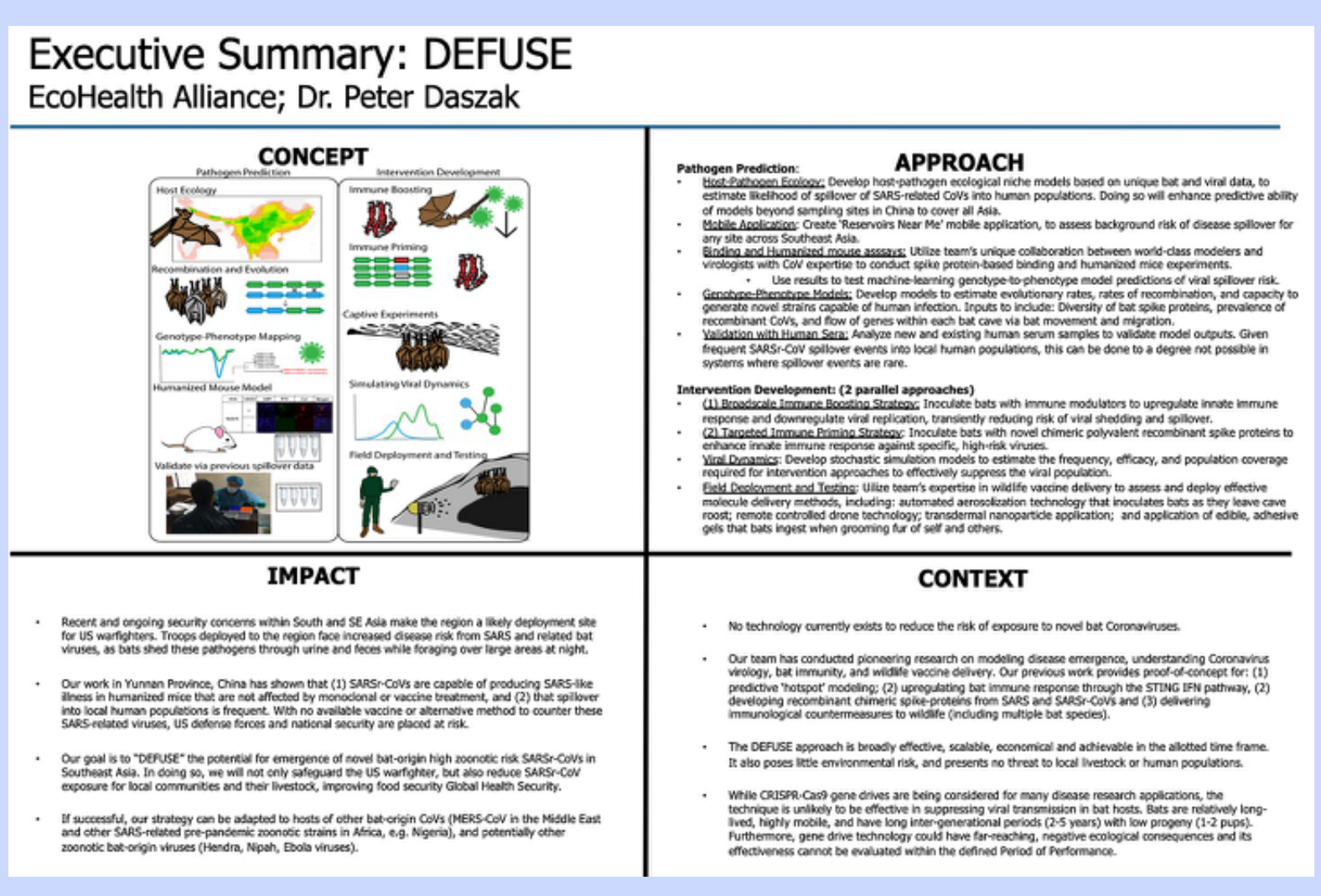
Deadly-pathogen-induced type of pandemics are being confused with deadly-measures-induced type of pandemics. Both technically affect all people, since the 'measures' were simultaneously 'applied' globally, and viruses spread so the word pandemic applies, but, only one of these types of pandemic lives in the realm of data-based reality: the former.

The thing that people are debating is whether or not there was a *new pathogen* that caused/lead to 'COVID' *deaths* during the 'pandemic'. The answer is no. There was an all-people-affecting thing, yes. However, the thing that affected us all, and so many of us to our detriment, were the measures taken - especially the shots. This is not to say that the original 'agent' was not potentially deadly. Not at all. But the main cause of suffering and death according to the data was the stuff the humans did to the humans.

Question: What good is a 'COVID-free' population that has lost the will to live?

Do I smell rotten intentions here?

Pandemic Preparedness - an uncessary and unrealistic dictat based on the potentiality of the release or emergence of something dangerous to people, like bacteria (resistant to antibiotics because of the industry and manic pollution) or viruses (potentially the product of some stupid human GOFing), or even ACTUAL zoonotic pathogens. Zoonosis *is* a thing, and it is something that we should be aware of - not freak out over - but be aware of. It ties back to maintaining our beautiful planet as undestroyed as possible to reduce the potential of pathogens jumping species. The best way to prevent this is to leave mother nature ALONE, not to spray bat caves with sticky adulterated spike protein.


Pathogen Prediction
Intervention Development
Host Ecology
Recombination and Evolution
Genotype-Phenotype Mapping
Humanized Mouse Model
Validate via previous spillover data
Immune Boosting
Immune Priming
Captive Experiments
Simulating Viral Dynamics
Field Deployment and Testing

Executive Summary: DEFUSE
EcoHealth Alliance; Dr. Peter Daszak

CONCEPT

APPROACH

Pathogen Prediction:

- Host-Pathogen Ecology: Develop host-pathogen ecological niche models based on unique bat and viral data, to estimate likelihood of spillover of SARS-related CoVs into human populations. Doing so will enhance predictive ability of models beyond sampling sites in China to cover all Asia.
- Mobile Application: Create 'Reservoirs Near Me' mobile application, to assess background risk of disease spillover for any site across Southeast Asia.
- Binding and Humanized mouse asssays: Utilize team's unique collaboration between world-class modelers and virologists with CoV expertise to conduct spike protein-based binding and humanized mice experiments.
  - Use results to test machine-learning genotype-to-phenotype model predictions of viral spillover risk.
- Genotype-Phenotype Models: Develop models to estimate evolutionary rates, rates of recombination, and capacity to generate novel strains capable of human infection. Inputs to include: Diversity of bat spike proteins, prevalence of recombinant CoVs, and flow of genes within each bat cave via bat movement and migration.
- Validation with Human Sera: Analyze new and existing human serum samples to validate model outputs. Given frequent SARSr-CoV spillover events into local human populations, this can be done to a degree not possible in systems where spillover events are rare.

Intervention Development: (2 parallel approaches)

- (1) Broadscale Immune Boosting Strategy: Inoculate bats with immune modulators to upregulate innate immune response and downregulate viral replication, transiently reducing risk of viral shedding and spillover.
- (2) Targeted Immune Priming Strategy: Inoculate bats with novel chimeric polyvalent recombinant spike proteins to enhance innate immune response against specific, high-risk viruses.
- Viral Dynamics: Develop stochastic simulation models to estimate the frequency, efficacy, and population coverage required for intervention approaches to effectively suppress the viral population.
- Field Deployment and Testing: Utilize team's expertise in wildlife vaccine delivery to assess and deploy effective molecule delivery methods, including: automated aerosolization technology that inoculates bats as they leave cave roost; remote controlled drone technology; transdermal nanoparticle application; and application of edible, adhesive gels that bats ingest when grooming fur of self and others.

IMPACT

- Recent and ongoing security concerns within South and SE Asia make the region a likely deployment site for US warfighters. Troops deployed to the region face increased disease risk from SARS and related bat viruses, as bats shed these pathogens through urine and feces while foraging over large areas at night.
- Our work in Yunnan Province, China has shown that (1) SARSr-CoVs are capable of producing SARS-like illness in humanized mice that are not affected by monoclonal or vaccine treatment, and (2) that spillover into local human populations is frequent. With no available vaccine or alternative method to counter these SARS-related viruses, US defense forces and national security are placed at risk.
- Our goal is to "DEFUSE" the potential for emergence of novel bat-origin high zoonotic risk SARSr-CoVs in Southeast Asia. In doing so, we will not only safeguard the US warfighter, but also reduce SARSr-CoV exposure for local communities and their livestock, improving food security Global Health Security.
- If successful, our strategy can be adapted to hosts of other bat-origin CoVs (MERS-CoV in the Middle East and other SARS-related pre-pandemic zoonotic strains in Africa, e.g. Nigeria), and potentially other zoonotic bat-origin viruses (Hendra, Nipah, Ebola viruses).

CONTEXT

- No technology currently exists to reduce the risk of exposure to novel bat Coronaviruses.
- Our team has conducted pioneering research on modeling disease emergence, understanding Coronavirus virology, bat immunity, and wildlife vaccine delivery. Our previous work provides proof-of-concept for: (1) predictive 'hotspot' modeling; (2) upregulating bat immune response through the STING IFN pathway, (2) developing recombinant chimeric spike-proteins from SARS and SARSr-CoVs and (3) delivering immunological countermeasures to wildlife (including multiple bat species).
- The DEFUSE approach is broadly effective, scalable, economical and achievable in the allotted time frame. It also poses little environmental risk, and presents no threat to local livestock or human populations.
- While CRISPR-Cas9 gene drives are being considered for many disease research applications, the technique is unlikely to be effective in suppressing viral transmission in bat hosts. Bats are relatively long-lived, highly mobile, and have long inter-generational periods (2-5 years) with low progeny (1-2 pups). Furthermore, gene drive technology could have far-reaching, negative ecological consequences and its effectiveness cannot be evaluated within the defined Period of Performance.

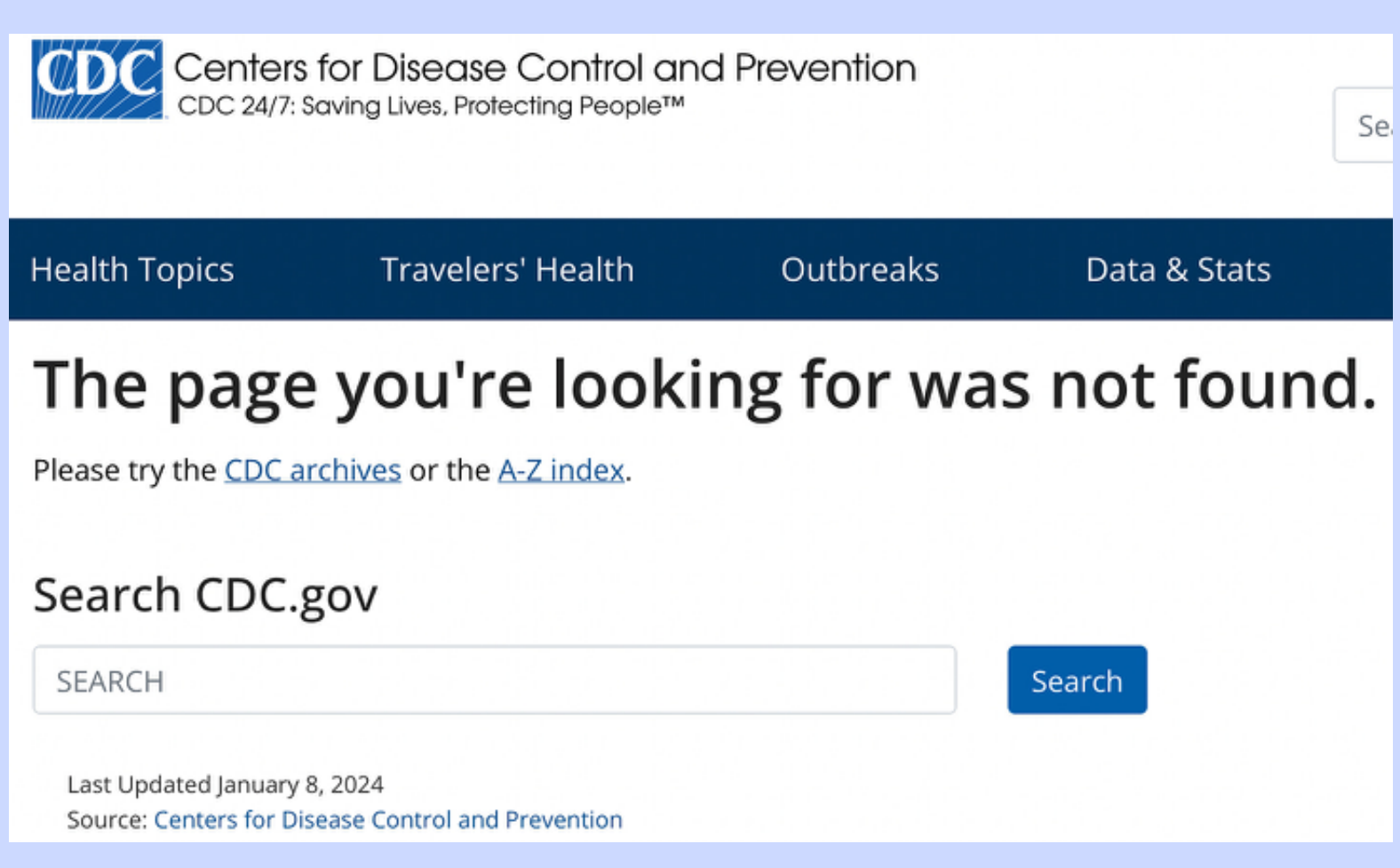
https://usrtk.org/wp-content/uploads/2024/01/USGS-DEFUSE-2021-006245-Combined-Records_Redacted.pdf

> HHS will continue its work to equip Americans with the tools to identify misinformation and to invest in longer-term efforts to build resilience against health misinformation. [1]

Yes. I am sure you will.

CDC definition

If you head to the CDC website on the subject of Preparedness and Planning, you'll notice that the CDC have archived information pertaining to 'Pandemics'. This section was last updated on Last Updated January 8, 2024, but the main webpage was last reviewed on January 27, 2022. I guess they decided no more 'pandemic', eh? You get the same message when you click on 'Pandemic Preparedness Resources', 'Medical Countermeasure Readiness' and 'Regulations and Laws That May Apply During a Pandemic'. If you head to CDC's Planning and Preparedness Resources for Flu, you'll also find that when you click on 'More' under 'CDC Pandemic Tools', the page is unfindable.


Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™
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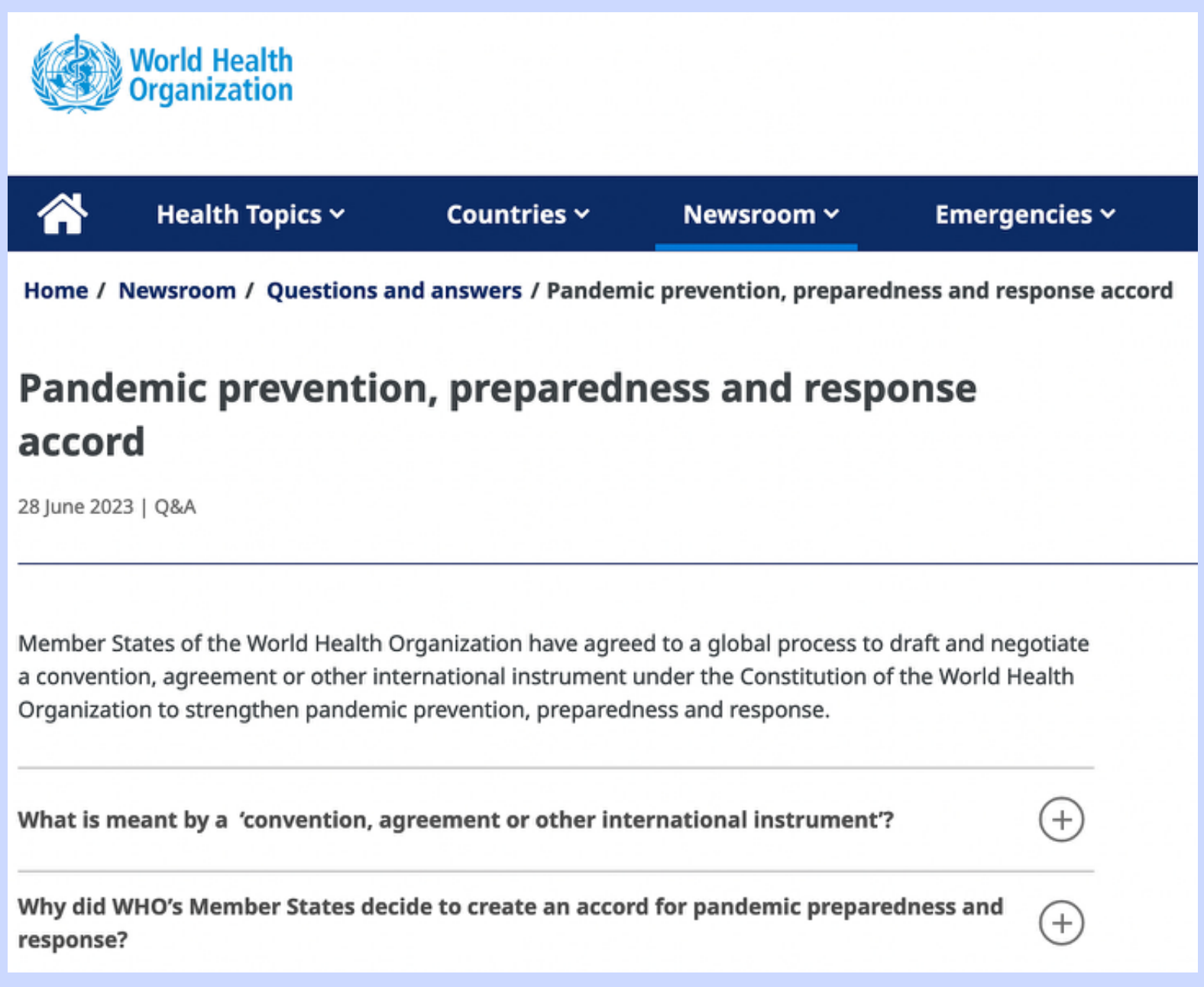
Last Updated January 8, 2024
Source: Centers for Disease Control and Prevention

Ahem, also, click on Bioterrorism emergencies. You'll get a list of 5 agents with the most recent one's information updated in 2021. You find out which. Two of them pretty much refer to the same agent. Ahem.

WHO definition

Let's move onto the unelected threat: the WHO. What's their definition of Pandemic Preparedness?



Home / Newsroom / Questions and answers / Pandemic prevention, preparedness and response accord

Pandemic prevention, preparedness and response accord

28 June 2023 | Q&A

Member States of the World Health Organization have agreed to a global process to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response.

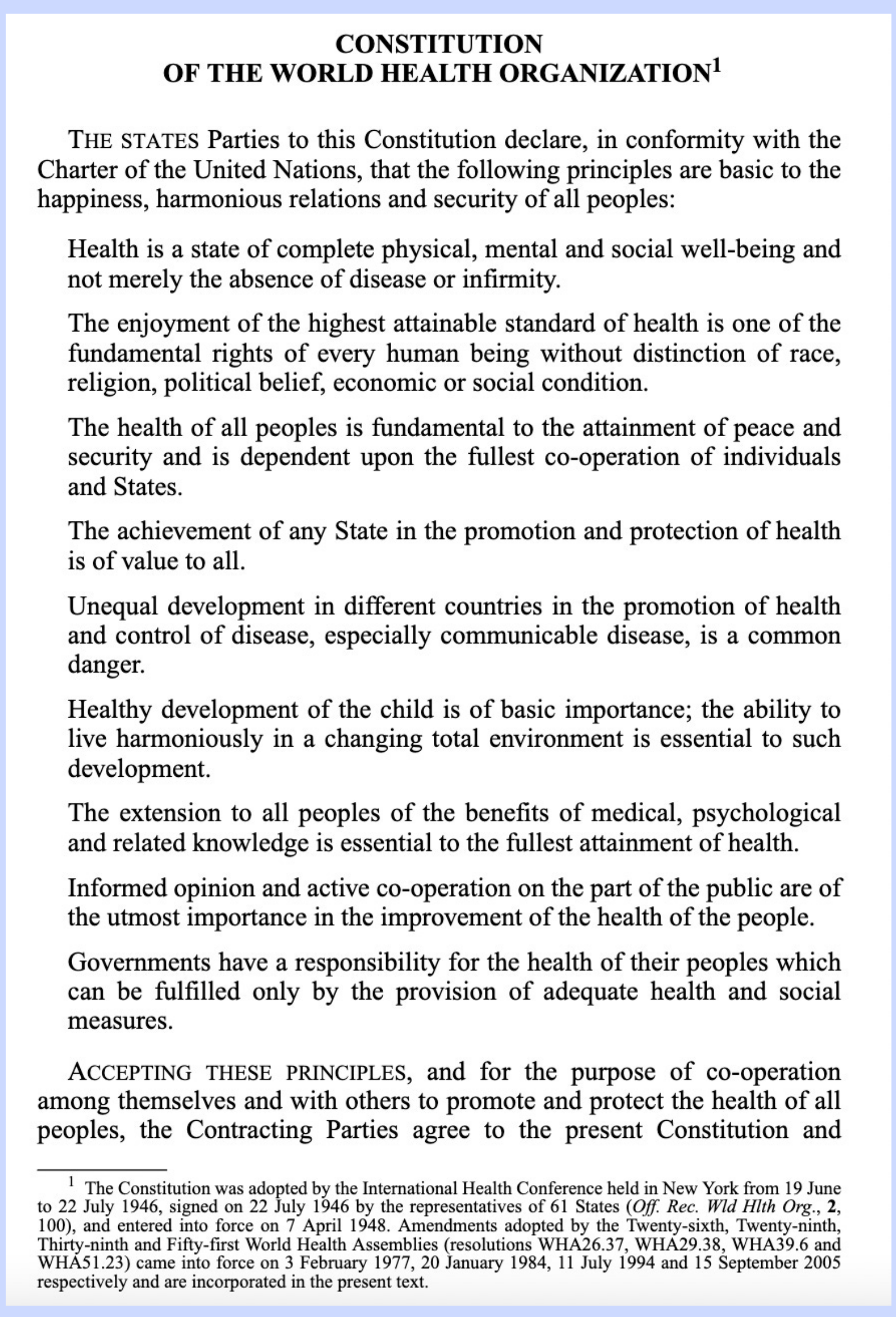
What is meant by a 'convention, agreement or other international instrument'? ⊕

Why did WHO's Member States decide to create an accord for pandemic preparedness and response? ⊕

https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord

Member states must equal no states, in my opinion.

Constitution? This should be good. Well, at least during its inception in 1946, this Constitution appeared to have had some merit. It's amazing what bastardization by power-hungry people filled to the hilt with hubris, and a bit of time, can do.



CONSTITUTION
OF THE WORLD HEALTH ORGANIZATION[1]

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of co-operation among themselves and with others to promote and protect the health of all peoples, the Contracting Parties agree to the present Constitution and

[1] The Constitution was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States (*Off. Rec. Wld Hlth Org.*, **2**, 100), and entered into force on 7 April 1948. Amendments adopted by the Twenty-sixth, Twenty-ninth, Thirty-ninth and Fifty-first World Health Assemblies (resolutions WHA26.37, WHA29.38, WHA39.6 and WHA51.23) came into force on 3 February 1977, 20 January 1984, 11 July 1994 and 15 September 2005 respectively and are incorporated in the present text.

By the way, one year prior, Operation Paperclip took place. One lear later, the Federal Emergency Management Agency (FEMA) was ushered in.

In 2005, the WHO IHR regulations were adopted by the World Health Assembly - the 'decision-making body of WHO'. Billionaire back-scratchers?

So many treacheries that lead to anywhere *but* human health, so little time. It is these 'amendments' that have taken place, and soon to be attempted to take place again, that lead us ever-so-slowly (so as not to alert people to the real threat by moving the goal post *just a little* periodically) to complete serfdom.

This must be our focus - to end the idea that an unelected globalist-oriented group of people should have power and control over all - this applies to health, money, whatever. Decentralize everything.

I propose, that in order to *actually* prevent pathogen-related pandemics, each sovereign nation should write their own Constitution. One that embraces the central tenets of human well-being to include freedom of movement and choice - without exception!

In the first line of the WHO's original Constitution they pen the word 'happiness' in the context of describing how it can be achieved, and as the first declaration they write:

> Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Indeed! Right you are. And I would like to remind the people who are twisting a red-hot poker into the arse of good intentions that health *is* a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity! Happiness isn't something you impose on people. When schwabby said, "you'll own nothing and be happy", I think he misunderstood the original WHO Constitution's meaning, because personally, my happiness pretty much depends on freedom. And that includes the freedom to choose what is right for me without being persecuted, thank you very much.

Side note: It's amazing that people can have moments of happiness even right before passing *if their loved ones are there with them*, *holding their hands while passing deep messages between eyes*. Depriving our elders of the love of their families before passing due to neglect during the COVID era was, to me, one of the most disgusting things that occurred as part of the 'pandemic'.

***This* was the pandemic of neglect and abuse of our elders.**

So to conclude, when the overlords start throwing around the word 'pandemic' again, remember, they are likely intentionally confusing and confused, as well. They don't mean that we need to declare a 'pandemic' - as in - a real danger is upon us. No. It's closer to the 'pandemic' that ghates giggles about, ie: pandemic preparedness.

It's time to impose pandemic preparedness on the people again.

Be afraid! Listen to us! We will save you!

It's important to note as well, that 'Pandemic Preparedness' is infested with preemptive strategies. Meaning, they will impose these 'measures' prior to any pending threat. Vaccinate! Vaccinate! Vaccinate!

To protect us.

To keep us safe.

If I had to choose between freedom and current WHO/UN/CDC ideas of safety, I would choose freedom. Every single time.

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[1] https://www.whitehouse.gov/covidplan/

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78 Comments

Mark A Girard COUNTER-COINCIDISM! Jan 22 ♥ Liked by Jessica Rose

Write a comment...

There is no such thing as a medical authority. No doctor anywhere on the planet has the right to order anyone to do anything, at all, period, end of story. Doctors provide advice that free people can follow or reject as they see fit. Anything else is tyranny.

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15 replies

Debbie Lerman Debbie Lerman's Substack Jan 22 ♥ Liked by Jessica Rose

Thank you Jessica for the excellent analysis and for keeping track of all the mysteriously altered, deleted and memory- holed definitions of what used to be marginally interesting subjects (for non-epidemiologists) like pandemics. Important addition to this comes fromRFK Jr's new book: "pandemic preparedness" is code for "biowarfare research."

♡LIKE (21) REPLY SHARE ···

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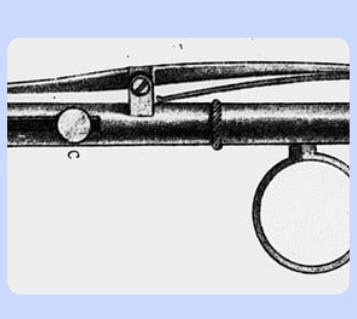
This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.
This particular note spoke loudly to me and this lovely person gave me permission to share her words.
JUL 17, 2022 • JESSICA ROSE



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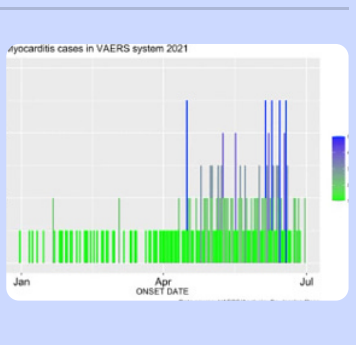

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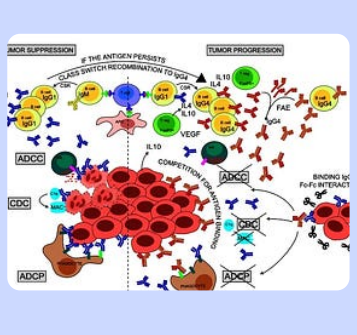

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